

Georgia Athletic and Entertainment Commission Room 802 West Tower #2 Martin Luther King Jr. Drive Atlanta GA 30334 Andy Foster, Director 404-656-2868

Application for Event Permit

THIS FORM MUST BE FILED WITH THE GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION $\underline{\bf 30~DAYS}$ PRIOR TO THE DATE OF THE EVENT

Name of Promoter- if you ar application packet must accompan		romoter in Georgia then a	Promoter's
NAME OF EVENT:			
Date of Event:	Time of Event:	City/State	
Type of Event:Boxing	Professional MMA _	Amateur MMA _	Kickboxing
Date of Weigh in:	Time of Weigh in:	Address:	
To be c	ompleted by the Promo		
Matchmaker (as licensed) _		_	
Name of Sanctioning Organ	ization for event, if applic	cable:	
Proposed location for Progra	am of Matches:		
Name of Facility:			
Address of Facility:		State	7in

Facility Telephone:		
Facility Contact Person:	Phone:	Email:
Ambulance Service:		
Will any match in this event be broadcast? Yes_	No	
Will the event be broadcast by pay per view?	Yes	No
Anticipated Revenue Source (ticket sales, broade	cast, etc.):	
Is there any person or business entity, other than receive revenues or other compensation from the conjunction with the promotion of the event of n contractual agreements) YESNO	e sale of tickets	or broadcast rights in
If YES please provide the following information space provided below or you may attach an addi		
Name Telephon	e Number	
I attest that the information provided herein, in the and accurate to the best of my knowledge. I under payment of all taxes and fees due the commission the prescribed time frames.	lerstand that I a	m responsible for the
Signature		Date